CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 34732

NOTICE OF VIOLATION

Date of Violation	Time	Day of Week	MD	CD
6/8/17	☑ AM ☐ PM 2:00	S M T W T F S	105	1

Name (First, Middle, Last): JACQUELINE SMITH

Address: [redacted]

Driver's Lic./ID No. | State | Class | Age | Birth Date

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. LAMC 66.27 TRASH CAN VIOLATION

2.

3.

☐ See Reverse Side for Violation

Location of Violation(s): 745 SOLANO AVE

Violation Noticed was:
☐ Posted ☐ Hand Served ☑ Mailed

Comments: FINAL WARNING

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

DUNCANSON, J — Investigator
2118 — Serial Number
213 847-6069 — Investigator Telephone Number
7 am - 8 am :30 pm - 3:30 pm — Office Hours

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature: MAILED

YOU ARE REQUIRED TO:

☑ COMPLY WITH THIS NOTICE AT ONCE DS

☐ COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

☐ APPEAR FOR A HEARING ON _____ AT
1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 34733

NOTICE OF VIOLATION

Date of Violation	Time	Day of Week	MD	CD
6/8/17	☐ AM ☑ PM 2:00	S M T W T F S	105	1

Name (First, Middle, Last): JESSE ARREDONDO

Address:

Driver's Lic./ID No. | State | Class | Age | Birth Date

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. 66.27 LAMC - TRASH CAN VIOLATION

2.

3.

☐ See Reverse Side for Violation

Location of Violation(s): 749 SOLANO AVE

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